

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9902

BIRTH NO. <u>FILED MAR 19 1954</u>		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>2445</u>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Pike</u> <u>0820</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>LOUISIANA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>MISSOURI BAPTIST HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE 1.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>BOYD</u> c. (Last) <u>BOYD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-54</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-20-1904</u>	9. AGE (In years last birthday) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Boyd</u>		
13b. MOTHER'S MAIDEN NAME <u>Benora Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Marjorie Boyd</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-05-3435</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ma. Albert Boyd Eslin</u> ADDRESS <u>mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis of abdominal aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>3-10-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>thrombosis abdominal aorta</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>
22. I hereby certify that I attended the deceased from <u>Feb 20, 1954</u> , to <u>Mar 15, 1954</u> , that I last saw the deceased alive on <u>Mar 15, 1954</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>D. J. Verda M.D.</u> (Degree or title)		23b. ADDRESS <u>4500 Olive Street</u>		23c. DATE SIGNED <u>3-15-54</u>
24a. BURIAL, CREMATION, REMOVAL <u>removal</u>		24b. DATE <u>3-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>
24d. LOCATION (City, town, or county) <u>Louisiana, Mo.</u>		(State) <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 16 1954</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.B. Sterne</u> ADDRESS <u>Louisiana, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1957

APR 1

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.